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Editors' Forum **Hot Spots**

What Our 6-Year Research about Travel Across Borders for Abortion Care Tells Us: It's Not a Solution

FROM THE SERIES: After Roe

Bans Off Our Bodies NYC. May 14, 2022. Photo by Rhododendrites, CC BY-SA 4.0.

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October 3, 2022

Publication Information

Cite As: Mishtal, Joanna, Giulia Zanini, and Silvia De Zordo. 2022. "What Our 6-Year Research about Travel Across Borders for Abortion Care Tells Us: It's Not a Solution." Hot Spots, *Fieldsights*, October 3. https://culanth.org/fieldsights/what-our-6-year-research-about-travel-across-borders-for-abortion-care-tells-us-its-not-a-solution

The US Supreme Court's *Dobbs v. Jackson Women's Health Organization* decision reversing the right to abortion is devastating for women and pregnant people, and alarming for scholars and activists who research reproductive rights and justice.

We are cultural and medical anthropologists and, since 2016, we have been conducting extensive interdisciplinary research in Europe, funded by the European Research Council (ERC), exploring the experiences of hundreds of women who traveled across national and international borders to seek abortions.[1] Some of us also conducted research in 2020–21, funded by the World Health Organization, about abortion policy implementation in the Republic of Ireland.[2]

During our ERC research in England, we interviewed women from Ireland before abortion was liberalized there in 2018, and women from Malta, where abortion is banned. We interviewed women who traveled to the Netherlands, England, and Spain from Italy, Germany, and France, where gestational age (GA) limits at the end of the first trimester of pregnancy constitute a serious restriction in securing care (De Zordo et al. 2020). Most of our participants from countries where abortion is legal confirmed their pregnancies after exceeding the time limits for abortion, limits that force thousands of people every year to cross borders for care. This was a source of anxiety and serious concern for our interviewees, who struggled to find a clear care path, navigated through different and not always reliable sources, and juggled work and family commitments as time was passing. Those who sought abortion before reaching GA limits encountered barriers that provoked burdensome delays, including mandatory waiting periods, waiting lists, difficult information gathering, and refusal of care.

The story of Florence illustrates some of these struggles.

Florence, a twenty-two-year-old university student, obtained an abortion in England at 23 weeks. She lived in a shared student flat in Paris, France, worked as an intern, and relied on her parents to support her studies and life. Florence confirmed her pregnancy

through an ultrasound at 13 weeks, unsuccessfully looked for abortion care in France, and soon exceeded the French GA limit of 14 weeks. In the end, it took her ten weeks to organize the money for the trip and the procedure abroad. As time was passing, the pregnancy advanced and the cost of the treatment rose. She explained her ten-week delay as follows: “Because I was close to the [GA] limit . . . for abortion in France, and I was given an appointment that was two days beyond the limit. . . . So, I had to decide to travel to have an abortion abroad, but it took me so much more time than expected because I finally had to muster the courage to share the news with my parents, because in the end I couldn’t afford it . . . and that took a lot of time, and that’s it.”

Florence supported abortion rights, was aware abortion in France was legal until 14 weeks, was unafraid of being judged for her decision, knew immediately where to seek care and did so promptly upon confirming her pregnancy. But she fell through the cracks of a health care system, which fails to care for pregnant people who request abortion close to the legal GA limit, as other participants also reported (De Zordo et al. 2020). She spent weeks saving money, her anxiety growing day by day, and finally felt forced to ask her parents for help. Fortunately for Florence, her parents supported her decision, covered the expenses, and traveled to England with her.

Florence was one among many people we met who had experienced no signs of pregnancy in the early weeks and sought abortion care quickly. Her case illustrates that no matter how well-equipped one is regarding support for abortion rights, digital literacy, legal awareness, and possible economic support, one may still need several weeks to secure the needed care, even when living in places like France where abortion is considered relatively available. Similar delays are to be expected in the United States for those denied care in their states of residence.

The *Dobbs* decision in the United States is already generating increased movement in pursuit of abortion services, which implies serious financial and logistics challenges and may lead some women to undertake unsafe methods. The dissenting Justices correctly note: “Those without money or childcare or the ability to take time off from work—will not be so fortunate. Maybe they will try an unsafe method of abortion, and come to physical harm, or even die.”[3] Indeed, some women we interviewed recounted attempts to end their pregnancies by ingesting substances, hitting themselves in the abdomen, and other methods that some declined to disclose. Our research also shows that cross-border

travelers struggle to navigate through various abortion-related information sources, highlighting that access to reliable information is vital for women's ability to secure timely care (Zanini et al. 2021). Our fieldwork in Ireland (Mishtal et al. 2022) further illustrates that inadequate public transport may delay care or make access impossible, particularly for women living in rural areas or in remote migrant housing.

Overall, our EU research underscores that the inability to secure care locally—which is also occurring in a growing number of US states—creates anxiety and emotional hardships, economic burdens, and delays in care, deepening existing social and gender inequalities. Those who travel to neighboring states are those who can afford it.[4] We anticipate similar effects in the US as services continue to disappear.

In seeking broad public impact, we are sharing our findings with policy-makers, health care professionals, and abortion rights organizations by translating extensive data into concise policy statements and recommendations. In 2022, the recommendations from our ERC research informed the French government in its expansion of the GA limits for abortion from 14 to 16 weeks. Our results also contributed to Third Party Intervention by Scholars of Law and Anthropology on abortion denial cases against Poland submitted to the European Court of Human Rights.[5] The WHO study contributed evidence to the Irish government's review of the abortion law currently underway.

We urge cultural, medical, and public anthropologists to expand research about how women and pregnant people experience the new reality of abortion access in the United States, and to translate such research into information that is usable by policymakers and advocacy organizations.

Notes

[1] The Principal Investigator for the ERC study (ID: BAR2LEGAB, 680004) was Silvia De Zordo, and the Postdoctoral Fellow in the UK was Giulia Zanini. See https://europeabortionaccessproject.org/

[2] The Principal Investigator for the WHO study was Joanna Mishtal.

[3] See https://www.supremecourt.gov/opinions/21pdf/19-1392_6j37.pdf. in Breyer, Sotomayor, and Kagan, JJ., dissenting, page 4.

[4] The use of self-managed abortion medication at home was outside of the scope of our research. For an assessment of the role of self-managed abortion in the United States, see: https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2793700.

[5] See http://pure-oai.bham.ac.uk/ws/portalfiles/portal/155161005/deLondrasetal_TPI_submitted.pdf.

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